ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
			6/14/01
FEE DETERMINATION	T.G.		
O.I.P.E. CLASSIFIER			08-08-01
FORMALITY REVIEW	M.H.	625	
RESPONSE FORMALITY REVIEW	HA	852	10/02/01

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted
N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Claim Original	Date 1/03	5/03	8/03							
1	1	✓	=	=							
2	2	✓	|	|							
3	3	✓	|	|							
4	4	O	|	|							
5	5	O	|								
6	6	✓	|	✓							
7	7	✓	|	✓							
8	8	✓	|	✓							
9	9	O	|	✓							
10	10	O	|	O							
	11	✓	✓								
	12	|	✓								
	13	|	✓								
	14	|	✓								
	15	|	✓								
11	16	|	=	=							
12	17	|	=	=							
	18	|	✓	✓							
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

3/8/01

JC851 (08/2/01)